Lummi Indian Nation
Holistic Lummi Treatment Project
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TI13605

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10702

PROJECT DESCRIPTION

Expansion or Enhancement—Enhancement and Expansion

Program Area Affiliation—Reducing Disparities

Congressional District and Congressperson—Washington 2; Rick Larson

Public Health Region—X

Purpose, Goals, and Objectives—The purpose of the project is (a) to provide inpatient treatment and other family-oriented services within a comprehensive, spiritually centered, holistic approach to substance abuse among high-risk youth and their extended families and (b) to coordinate the services and programs to maximize their effectiveness and minimize their cost. Goals are (1) to increase the number of drug-free Lummi youth and their families, reducing risk and increasing protective factors and (2) to demonstrate the effectiveness of a spiritually centered, holistic, culturally specific mental health and substance abuse prevention and treatment program. Objective 1 is to create a successful mental health/substance abuse treatment program, utilizing cultural traditions and community strengths, for high-risk Lummi youth; specific actions steps include hiring a director, planning with a staff leadership team as well as consultants and extended-family members, identifying healing activities, contracting with a spiritual healer, and designing and then fine-tuning a 24-month program initially for six youth and then adding more youth after modification. Objective 2 is to add an inpatient component; specific action steps include hiring treatment staff, developing inpatient policies and procedures, obtaining state and tribal certification for inpatient services, beginning with a small number of youth and then fine-tuning, and expanding intake to include the inpatient services. Objective 3 is to develop a grassroots case management system for extended families' substance abuse related needs; specific action steps include defining case management procedures for the youth outreach team, hiring additional outreach/case management staff as needed, creating a priority list of youth needing treatment, creating a representative coordination team from the tribal government and the extended families being served as well as Native professionals and consultants, and creating a training program for all parts of the system and partners. (pages 4–5)

Target Population—The target population includes substance-abusing male and female Lummi youth ages 12 to 21, from high-risk families (i.e., inadequate parental supervision and familial substance abuse) and their extended families. Inpatient services will be offered to youth ages 14–25 (page 20), which is different from the ages of the target population identified earlier in the proposal. It is anticipated that by Year 3 88 youth and 850–1,000 family members will be served. (pages 5, 8–9)

Geographic Service Area—The geographic service area is the Lummi reservation/tribal community, which consists of 4,500 members. (pages 2, 4–6)

Drugs Addressed—Alcohol, marijuana, inhalants, and prescription drugs (particularly opiates) are implicitly addressed as problems for the target population early in the proposal; alcohol assessment is specifically mentioned, but the general description of service is for substance abuse rather than specifying which substances, other than alcohol, will be the focus of treatment. (pages 2, 5–6)

Theoretical Model—The grantee describes a model that has a holistic, spiritually centered, traditional healing focus and includes incorporation of other services in the community, the extended family, healing, and training for staff; case management; incorporation of both traditional healing and conventional approaches as appropriate; and full partnership with the community and service agencies. (pages 8, 15–16)

Type of Applicant—The grantee is an American Indian tribe. (application for Federal assistance page)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The Lummi Indian Business Council, a tribal governing entity, is the project administrative structure/organizational unit. Substance abuse treatment services are being provided through the tribe, under the Lummi CARE program; this program will operate the Holistic Lummi Treatment Project. (application for Federal assistance page; pages 2, 6)

Service Providers—The Lummi Indian Nation operates the Holistic Lummi Treatment Project through Lummi CARE, a drug and alcohol treatment program. This project is the primary service provider. Mental health services are provided by the Lummi Health Center, and there is an active recovery community (AA, NA, and CA/CODA). Whatcom County Community Health and Human Services will attempt to improve services to Lummi. Additional partners are indicated and include other Lummi agencies such as a youth outreach program, justice, schools, protective services, and prevention programs. (pages 6–7, 19)

Services Provided—Services will include inpatient treatment and other family-oriented services within a comprehensive, spiritually centered, holistic approach to substance abuse among high-risk youth and their extended families. Additionally, spiritually centered, holistic, culturally specific mental health and substance abuse prevention services will be provided, as well as grassroots case management and training for all parts of the system and partners. (pages 4–5)

Service Setting—Currently, outpatient services are provided at the Lummi CARE offices, an outpatient clinic. The Lummi Nation is developing a spiritual lodge, a youth safe house/halfway house, and an adult/family safe house/halfway house. (pages 6, 8)

Number of Persons Served—The program will begin with four youth in the first year (six youth was the initial count under the program objectives on pages 4–5) in the inpatient program as well as services to their families, and then six youth will be admitted approximately every 2 months following the first group's completion of treatment. The specific total number of youth served in Year 1 is not clearly indicated. By the end of Year 1, 150–250 family members will be served. The proposed service count for Year 2 is also not provided. By the end of Year 3, 88 youth and 850–1,000 youth will be served. (page 9)

Desired Project Outputs—The desired project outputs include an increased number of drug-free Lummi youth and their families, reducing risk and increasing protective factors for these youth and their families, and the demonstrated effectiveness of a spiritually centered, holistic, culturally specific mental health and substance abuse prevention and treatment program. (pages 4–5)

Consumer Involvement—The described model includes partnership with the community and extended families of the youth, community empowerment, and a traditional spiritual framework, which all imply consumer involvement. (pages 8–9, 13–14, 16)

EVALUATION

Strategy and Design—The evaluation will be both formative and summative. Client outcome measures in addition to the GPRA will include an attitude and behavior survey and outcome measures of risk and protective factors and self-esteem. Focus groups will also be utilized, as well as staff and other client interviews. Although the data collection points are not clear, it is implied that data will be collected when the GPRA data are required, at intake and 6 and 12 months. Data analysis methodology is not explicitly described (other than the mention that interview and observational data will be analyzed), but quantitative and qualitative analyses are implied by the discussion of both outcome measures and focus group data. (pages 16–18)

Evaluation Goals/Desired Results—Evaluation goals are not explicitly described. However, in the discussion of the evaluation questions and the data to be collected, the goals are suggested and include assessing the project's implementation, whether the program goals were met (i.e., reduction in substance abuse and in familial and community risk behaviors), and identifying lessons learned. (page 17)

Evaluation Questions and Variables—The evaluation questions include a major question: Does concentrating on a few families at a time, using a holistic, culturally relevant approach to treating the extended family, lead to reduction in substance abuse among individuals directly served by the program (in the extended family but not receiving treatment) and in the broader community? Other questions include the following: How do families and individuals describe the intervention model? What elements do they view as helpful in assisting them in changing unhealthy behaviors? How successful was the project in creating a case management system? What are the major lessons learned? (page 17)

Instruments and Data Management—The Communities that Care Survey (Hawkins and Catalano) will assess risk and protective substance abuse factors. Other instruments include the Ziegler Substance Abuse Attitude and Practice Surveys (based on Hawkins and Catalano and modified to fit the Lummi youth) and a youth risk behavioral survey and adult behavioral risk survey done at Lummi in 1997. A current drug/alcohol attitude and behavior survey being conducted at Lummi will be utilized as a baseline measure and will be repeated at the beginning of Year 3. There is mention of self-esteem measures, but no specific instrument is identified. No protocol is included for client and staff interviews or focus groups. Hawkins and Catalano will conduct the initial compilation of data from their survey, and the data analysis will be conducted by the evaluator. (pages 17–18)